
New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Board of Pharmacy
5500 San Antonio Dr. NE Suite C ▪ Albuquerque, New Mexico 87109
(505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102
<http://www.rld.state.nm.us/boards/pharmacy.aspx>

APPLICATION FOR REGISTRATION
as
PHARMACIST
By Examination

Applicant for examination must give COMPLETE ANSWERS TO ALL QUESTIONS, and sign the affidavit hereunto attached, before an officer duly authorized to administer an oath. The affidavit covering College of Pharmacy attendance and graduation must be filled out and signed by the Dean of the College of Pharmacy or the registrar.

Applicant name _____
(Print, Last, First Middle)

Date of Birth _____ Social Security Number _____

Address _____ E-mail Address _____
(Print)
City _____ State _____ Zip _____

Cell Phone Number _____ Home Telephone Number _____

1. Do you intend to practice pharmacy in New Mexico? (Answer is optional) Yes ____ No ____

2. I hold an active Internship Certificate issue by _____
(Name of State and Agency Issuing)

On _____ Certificate number _____
(Day, Month, Year)

3. Previous Examination Record

If applicant has previously taken one or more examinations for licensure as a registered pharmacist in this or any other state he/she must disclose places, dates and results in the following spaces:

_____ (Name of State)	_____ (Date)	_____ (Passed or Failed)
_____ (Name of State)	_____ (Date)	_____ (Passed or Failed)
_____ (Name of State)	_____ (Date)	_____ (Passed or Failed)

4. Previous Licensure as Registered Pharmacist

_____ (State Initials)	_____ (Date Issued)	_____ (Certificate #)	_____ (Exam or Reciprocity)	Yes ____ No ____ (In Good Standing)
_____ (State Initials)	_____ (Date Issued)	_____ (Certificate #)	_____ (Exam or Reciprocity)	Yes ____ No ____ (In Good Standing)
_____ (State Initials)	_____ (Date Issued)	_____ (Certificate #)	_____ (Exam or Reciprocity)	Yes ____ No ____ (In Good Standing)

5. Record of Charges, Convictions and Fines Imposed

Applicant must write in the space provide the following “No charges involving moral turpitude or violation of pharmacy, liquor or narcotic laws ever made or pending,” or explain such charges

6. Proof of Qualifications

To substantiate character, education, and practical experiences claimed, I submit appropriate affidavits which form a part of this application. A recent, 3 x 4 bust photo, non-Polaroid-type photograph, properly identified is attached.



Must be in presence of notary

I hereby certify that I personally completed this application and swear that the statements and answers appearing hereon are true and correct and certify this to be a true photograph of me taken within the last thirty days.

(Signature)

(Date)

This application was subscribed and sworn to before me by the person whose photograph is attached hereto, on this _____ day of _____ 20_____.

Notary in _____

and for the

County of _____

NOTARY SEAL

My Commission Expires on: _____ State of _____

Pharmacist by examination application